

PTAX-340

PTAX-340 (R-12/08) IL-492-3451

2009 Senior Citizens Assessment Freeze Homestead Exemption Application and Affidavit

Part 1: Applicant information (Please type or print:)

First name MI	Last name		(month, day, ye	ar)	
			Telephone Number (please include area code) 6 Is the property owned in trust? YESNO		de)
Mailing address		•			
City	State ZIP	A copy of the trust may be required.			
Part 2: Property inform	nation		<i></i>		٠
Street address of property for whi	ch this exemption application is filed	Township			
	iL.	Lake			
City	ZIP	County			
		Note: The PIN is	shown on your p	oroperty tax bi	II. It can
Property index number (PIN)		also be obt office.	ained from you	r chief county	assessme
Have you or your spouse receiv	ed this exemption for this property	y previously?		Yes	No
If you answered "Yes", write t					
If your spouse maintains a sep	parate residence, has he or she	applied for this exer	nption?	Yes _	No
art 3: Household inc	ome for 2008				, ,
	you, your spouse, and all individ	lusle who live in vou	ır household		
	·	and the second s			Ι.
1 Social Security and SSI benefits				·I	
2 Railroad Retirement benefits. In	iotai.	2		1	
3 Civil Service benefits			3		
	ole pensions and IRA benefits. (See		4) 4		
5 Human Services and other gove	enefits	5			
6 Wages, salaries, and tips from v		6			
7 Interest and dividends received	•		7		
			Ω .		
8 Net rental, farm, and business i	ncome or (loss). (See instructions f	for Line 8.)	·		E .
· ·	ncome or (loss). (See instructions f	for Line 8.)	9		<u> </u>
9 Net capital gain or (loss). (See i	ncome or (loss). (See instructions f nstructions for Line 9.)	or Line 8.)	9 10		
8 Net rental, farm, and business in 9 Net capital gain or (loss). (See i 0 Other income or (loss). (See ins 1 Add Lines 1 through 10.	ncome or (loss). (See instructions f nstructions for Line 9.)	or Line 8.)			
9 Net capital gain or (loss). (See in0 Other income or (loss). (See ins1 Add Lines 1 through 10.2 Certain subtractions. You may see	ncome or (loss). (See instructions finstructions for Line 9.) structions for Line 10.) subtract only the reported adjustme				
 9 Net capital gain or (loss). (See in Other income or (loss). (See insome the Income of (loss). (See insome the Income of Incom	ncome or (loss). (See instructions for Line 9.) structions for Line 10.) subtract only the reported adjustmental only. Amount		11		
 9 Net capital gain or (loss). (See in Other income or (loss). (See insome or Add Lines 1 through 10. 2 Certain subtractions. You may subtraction item 2a 2a 2b 	ncome or (loss). (See instructions for structions for Line 9.) structions for Line 10.) subtract only the reported adjustment of the contract				
9 Net capital gain or (loss). (See in 0 Other income or (loss). (See ins 1 Add Lines 1 through 10. 2 Certain subtractions. You may so U.S. 1040, Line 36, or U.S. 1040 Subtraction item 2a 2b 3dd the amounts on Lines 12a and	ncome or (loss). (See instructions for structions for Line 9.) structions for Line 10.) subtract only the reported adjustment of the contract	ents to income from	11		

-CONTINUED ON REVERSE SIDE-

1 of 4

Part 4: Affidavit				
Sworn under oath, I state the following:		:	•	
1 (Mark the statement that applies.)	0000 11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	india Dort O. Lin	so 1 was wood as my	oringinal regidence
a On January 1, 2008 <i>and</i> January 1, b On January 1, 2008 <i>and</i> January 1,	2009, the property identif	ied in Part 2, Lir ied in Part 2 Lir	ie 1, was useu as my j ne 1. was my principal	residence for which I
received this exemption previously	but I am now a nursing he	ome resident. Th	ie r, was my principal ie property is either un	occupied or used as
my spouse's principal residence.				,
2 (Mark the statement that applies.)				
a On January 1, 2008 <i>and</i> January 1,	2009, I was the owner of	record of the pro-	operty identified in Par	t 2, Line 1.
b On January 1, 2008 and January 1, in Part 2, Line 1.	2009, i nad a legal or equ	ulable interest b	y a written instrument	in the property listed
c On January 1, 2008 <i>and</i> January 1, used as a single-family residence.	2009, I had a leasehold i	nterest in the pro	perty identified in Par	t 2, Line 1, that was
3 I am liable for paying real property taxes of	on the property identified i	n Part 2, Line 1.		
4 (Mark the statement that applies.)				
a In 2009, I am or will be 65 years of a	age or older.	•	•	
b in 2009, my spouse, who died in 200	09, would have been 65 y	ears of age or o	lder. (Complete the fo	llowing information.)
Deceased spouse's name	Date of birth (month	, day, year)	Date of death (mor	ith, day, year)
5 The property identified in Part 2, Line 1 is	the only property for which	ch I have applied	I for a senior citizens a	ssessment freeze
homestead exemption for 2009.				
6 The amount reported in Part 3, Line 13 of	this form includes my inc	ome, my spouse	e's income, and the inc	come of all persons
living in my household, and the total hous	ehold income for 2008 is	\$55,000 or less.	ort 2. Lina 1 for thair n	rincinal residence. As
7 On January 1, 2009, the following individurequired by law, my spouse is included even	ials also used the propert on if he or she resided at	y ideniiiied in Pa a different addr	ess on January 1, 200	1110 par residence. As
individuals listed below is included in Part	3, which includes my spe	ouse even if he/s	she does not live with	me. (Attach an
additional sheet if necessary.)				
First and last name		First and la	st name	
a		С	· .	
b		d		
8 (Mark the statement that applies.)	والمراجع والمساور والمرادي المساورة	:	that is appliable)	•
a On January 1, 2009, I was single, w b On January 1, 2009, I was married	vidow(er), or divorced (pie and living together	ase circle the one	that is applicable).	
c On January 1, 2009, I was married,	, but not living together. F	Remember, your	spouse's income mus	st be included in
household income even if they do r				
My spouse's name and address is	First name	MI	Last name	
Street Address	City	Sta	te	ZIP
Under penalties of perjury, I state that, to the complete.	e best of my knowledge,	the information o	contained in this affida	vit is true, correct, an
Signature of applicant	Dat	ea:		
			•	
Subscribed and sworn to before me this	day of		, 200	<u></u> .
	·			
Notary public				

Note: The CCAO may conduct an audit to verify that the taxpayer is eligible to receive this exemption. Mail your completed Form PTAX-340 by June 30, 2009 to: Chief County Assessment Office, 18 North County Street, 7th Floor, Waukegan, IL 60085. If you have any questions, please call: 847-377-2050.

Form PTAX-340 General Information

What is the Senior Citizens Assessment Freeze Homestead Exemption (SCAFHE)?

The senior citizens assessment freeze homestead exemption (35 ILCS 200/15-172) allows you as a qualified senior citizen to have your home's equalized assessed value (EAV) "frozen" at a base year value and prevent or limit any increase due to inflation. The base year generally is the year before the year you first qualify and apply for the exemption. For example, if you first qualify and apply in 2009, your property's EAV will be "frozen" at the 2008 EAV. Freezing your property's EAV does not mean that your property taxes will not increase, however. Other factors also affect your tax bill. For example, your tax bill could increase if the tax rate, which is based on the amount of revenues taxing districts request, increases. Your EAV and tax bill may also increase if you add improvements to your home. However, if your home's EAV decreases in the future, you will benefit from any reduction.

Who is eligible?

The senior citizens assessment freeze homestead exemption qualifications for the 2009 tax year (for the property taxes you will pay in 2010), are listed below.

- You will be 65 or older during 2009.
- Your total household income in 2008 was \$55,000 or less.
- On January 1, 2008, and January 1, 2009, you
 - used the property as your principal place of residence,
 - owned the property, or had a legal or equitable interest in the property as evidenced by a written instrument, or had a leasehold interest in the property used as a single-family residence, and
 - were liable for the payment of property taxes.

You do **not** qualify for this exemption if your property is assessed under the mobile home privilege tax.

Surviving spouse — Even if you are not 65 or older during 2009, you are eligible for this exemption for 2009 if your spouse died in 2009 and would have met all of the qualifications.

Nursing home residents — Even if you did not use the property as your principal place of residence on January 1, 2009, you qualify for this exemption if you meet all other requirements, have received this exemption previously, and your property is either unoccupied or is occupied by your spouse.

Residents of cooperatives — If you are a resident of a cooperative apartment building or cooperative life-care facility, you qualify for this exemption if you are liable for the payment of property taxes on your residence and meet the other eligibility requirements.

What is a household?

A household includes you, your spouse, and all persons who used your residence as a principal dwelling place on January 1, 2009.

What is included in household income?

Household income includes your income, your spouse's income, and the income of all individuals living in the household. Examples of income that must be included in your household income are listed below. (For specific questions, see Part 3 on Page 4.)

- · alimony or maintenance received
- annuity benefits
- Black Lung benefits
- business income
- · capital gains
- cash assistance from the Illinois Department of Human Services and other governmental cash public assistance
- cash winnings from such sources as raffles and lotteries
- Civil Service benefits
- damages awarded in a lawsuit for nonphysical injury or sickness (for example, age discrimination or injury to reputation)

- dividends and interest, including life insurance policies
- · farm income
- lump sum Social Security payments
- miscellaneous income, such as from rummage sales, recycling aluminum, or baby sitting
- · military retirement pay based on age or length of service
- · monthly insurance benefits
- pension and IRA benefits (federally taxable portion only)
- Railroad Retirement benefits (including Medicare deductions)
- rental income
- Illinois Cares Rx rebate (only if you took an itemized deduction for health insurance on in the prior year on your federal income tax return)
- Social Security income (including Medicare deductions)
- Supplemental Security Income (SSI) benefits
- unemployment compensation
- · wages, salaries, and tips from work
- Workers' Compensation Act income
- Workers' Occupational Diseases Act income
- Long term care insurance (federally taxable portion only)
- Illinois income tax refund (only if you received form 1099-G)

What is not included in household income?

Some examples of income that are not included in household income are listed below. (For specific income questions, see Part 3 on Page 4.)

- · reverse mortgage payments
- · cash gifts
- · child support payments
- Circuit Breaker grants
- damages awarded in a lawsuit for a physical personal injury or sickness
- Energy Assistance payments or FEMA payments
- federal income tax refunds or Economic Stimulus payments
- IRA's "rolled over" into other retirement accounts, unless "rolled over" into a Roth IRA
- · lump sums from inheritances
- · lump sums from insurance policies
- money borrowed against a life insurance policy or from any financial institution
- spousal impoverishment payments
- stipends from the Foster Parent and Foster Grandparent programs
- Veterans' benefits

What if I have a net operating loss or capital loss carryover from a previous year?

You cannot include any carryover of net operating loss or capital loss from a previous year. You can include only a net operating loss or capital loss that occurred in 2008.

Will my information remain confidential?

All information received from your application is confidential and may be used only for official purposes.

When must I file?

File the PTAX-340 application with the CCAO by the due date of June 30, 2009. You must file Form PTAX-340 every year and meet the qualifications for each year to continue to receive the exemption.

Note: The CCAO may require additional documentation (i.e., birth certificates, tax returns, etc.) to verify the information in this application.

What if I need additional assistance?

If you have questions about this form, please contact your Chief County Assessment Office at **847-377-2050** or visit them at the address printed at the bottom of Page 2.

Form PTAX-340 Step-by-Step Instructions

Part 1: Applicant information

Lines 1 through 5 — Type or print the requested information.

Part 2: Property information

Lines 1 and 2 - Identify the property for which this application is filed.

Lines 3 and 4 — Answer the questions by marking an "X" next to your response. If you answered "Yes" to the question in Line 3 and you know the base year, write it in the space provided.

Part 3: Household income for 2008

"Income" for this exemption means 2008 federal adjusted gross income, plus certain items subtracted from or not included in your federal adjusted gross income (320 ILCS 25/3.07). These include tax-exempt interest, dividends, annuities, net operating loss carryovers, capital loss carryovers, and Social Security benefits. Income also includes public assistance payments from a governmental agency, Supplemental Security Income, and certain taxes paid. These Step-by-Step instructions provide federal return line references and reporting statement references, whenever possible.

The amounts written on each line must include the 2008 income for you, your spouse, and all the individuals living in the household.

Line 1 — Social Security and Supplemental Security Income (SSI) benefits

Write the total amount of retirement, disability, or survivor's benefits (including Medicare deductions) the entire household received from the Social Security Administration (shown on Form SSA-1099, box 3 or use box 5 only if there is a reduction of benefits). You also must include any Supplemental Security Income (SSI) the entire household received and any benefits to dependent children in the household. Do not include reimbursements under Medicare/Medicaid for medical expenses.

Note: The amount deducted for Medicare (\$1,156.80 yearly or \$96.40 per month, per person) is already included in the amount. You may subtract only the reported adjustments to income in box 3 of Form SSA-1099.

Line 2 — Railroad Retirement benefits

Write the total amount of retirement, disability, or survivor's benefits (including Medicare deductions) the entire household received under the Railroad Retirement Act (shown on Forms SSA-1099 and RRB-1099).

Line 3 — Civil Service benefits

Write the total amount of retirement, disability, or survivor's benefits the entire household received under any Civil Service retirement plan (shown on Form 1099-R).

Line 4 — Other pensions and annuity benefits

Write the total amount of income the entire household received as an annuity from any annuity, endowment, life insurance contract, or similar contract or agreement (shown on Form 1099-R).

Include only the federally taxable portion of pensions, IRAs, and IRAs converted to Roth IRAs (shown on U.S. 1040, Line 15b and 16b, or U.S. 1040A, Line 11b and 12b). IRA's are not taxable when "rolled over," unless "rolled over" into a Roth IRA.

Line 5 — Human Services and other governmental cash public assistance benefits

Write the total amount of Human Services and other governmental cash public assistance benefits the entire household received. If the used the property for their principal residence on January 1, first two digits of any member's Human Services case number are 2009. Attach an additional sheet if necessary. the same as any of those in the following list, you must include the Line 8 — Follow the instructions on the form. If your spouse total amount of any of these benefits on Line 5.

01 aged 02 blind

04 and 06 temporary assistance to needy families (TANF)

03 disabled

07 general assistance

To determine the total amount of the household benefits, multiply the monthly amount each person received by 12. You must adjust your figures accordingly if anyone in the household did not receive 12 equal checks during this period. Food stamps, medical assistance, and Circuit Breaker benefits anyone in the household may have received are not considered income and should not be added to your total income.

Line 6 - Wages, salaries, and tips from work Write the total amount of wages, salaries, and tips from work for every household member (shown in box 1 of Form W-2).

Line 7 — Interest and dividends received

Write the total amount of interest and dividends the entire household received from all sources, including any government sources (shown on Forms 1099-INT, 1099-OID, and 1099-DIV). You must include both taxable and nontaxable amounts.

Line 8 — Net rental, farm, and business income or (loss) Write the total amount of net income or loss from rental, farm, business sources, etc., the entire household received, as allowed on U.S. 1040, Lines 12, 17, and 18. You cannot use any net operating loss (NOL) carryover in figuring income.

Line 9 — Net capital gain or (loss)

Write the total amount of taxable capital gain or loss the entire household received in 2008, as allowed on U.S. 1040, Lines 13 and 14, or U.S. 1040A, Line 10. You cannot use a net capital loss carryover in figuring income.

Line 10 — Other income or (loss)

Write the total amount of other income or loss not included in Lines 1 through 9 that is included in federal adjusted gross income, such as alimony received, unemployment compensation, and taxes withheld from oil or gas well royalties. You cannot use any net operating loss (NOL) carryover in figuring income.

Line 11 - Add Lines 1 through 10.

Line 12 - Subtractions

totaled on U.S. 1040, Line 36 or U.S. 1040A, Line 20. For example

- IRA deduction
- Archer MSA deduction
- moving expenses
- alimony or maintenance paid
- health savings account deduction
- student loan interest deduction
- jury duty pay you gave to your employer
- one-half of self-employment tax
- self-employed health insurance deduction
- self-employed SEP, SIMPLE, and qualified plans
- penalty on early withdrawal of savings

Line 13 - Total household income

Subtract Line 12 from Line 11. If this amount is greater than \$55,000, you do not qualify for this exemption.

Part 4: Affidavit

Lines 1 through 4 — Mark the item that applies. Read the affidavit carefully. The statements in Lines 5 and 6 must apply. Line 7 — Write the names of the individuals, other than yourself, including your spouse, along with any persons who

does not reside at this property, be sure to write his or her name and address.

Note: You must sign your Form PTAX-340 and have it notarized before you file it with your Chief County Assessment Office. Their office will notarize your form free of charge if you bring it in personally and sign it in their presence.

Educator expenses

Domestic production

activities deduction

Tuition and fees